Case 3:21-cv-01279-JSC Document 25 Filed 04/09/21 Page 1 of 2

Case 3:21-cv-01279-JSC Document 14-1 Filed 02/26/21 Page 1 of 2 PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Cornell Wells, Jr.	COURT CASE NUMBER 3:21-cv-01279-JSC	
DEFENDANT	TYPE OF PROCESS	
National Board of Medical Examiners et al	Summons, Complaint, Orders	
NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESC	CRIPTION OF PROPERTY TO	O SEIZE OR CONDEMN
SERVE Federation of State Medical Boards		
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
400 Fuller Wiser Road, Euless, TX 76039		I
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be served with this Form 285	4
Eric Gene Young Young Law Group 411 Russell Avenue, Second Floor	Number of parties to be served in this case	2
Santa Rosa, CA 95403	Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SER All Telephone Numbers, and Estimated Times Available for Service): APR 09 2021	VICE (<i>Include Business and A</i>	Miternate Addresses. Fold
NODTH DISTRICT OF CALLEGE	RECEIVED y USMS NTX FORT WORTH at	t 1:14 pm, Mar 12, 2021
Signature of Attorney other Originator requesting service on behalf of: PLAINTIFF T	ELEPHONE NUMBER	DATE
DEFENDANT DEFENDANT	(415) 522-2068	2/26/21
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO	T WRITE BELOW	THIS LINE
I acknowledge receipt for the total number of process indicated (Sign only for USM 285 if more than one USM 285 is submitted) Total Process District of Origin Serve No No	red USMS Deputy or Clerk	Date
I hereby certify and return that I have personally served, have legal evidence of service, have e on the individual, company, corporation, etc., at the address shown above on the on the individual, company		
☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named a	above (See remarks below)	
Name and title of individual served (if not shown above) Mile Vaan , COO		able age and discretion defendant's usual place
Address (complete only different than shown above)	Date 2/26/31 Signature of U.S. Ma	Time a
Service Fee Total Mileage Charges including endeavors) Forwarding Fee Total Charges Advance Deposits	Amount oved to U.S. Marsha (Amount of Refund*)	•. •.
DISTRIBUTE TO: L'ELERK OF THE COURT		EDITIONS MAY BE USE

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT* To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 3:21-cv-01279-JSC

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (1))

(Inis section should not be fued wan the court unless required by Feu. R. Civ. F. 4 (1))		
	This summons for (name of individual and title, if any) Federation of State Medical Boards	
vas rec	ceived by me on (date) $3/12/2021$.	
	☐ I personally served the summons on the individual at (place)	
	on (date) ; or	
	☐ I left the summons at the individual's residence or usual place of abode with (name)	
	, a person of suitable age and discretion who resides there,	
	on (date), and mailed a copy to the individual's last known address; or	
	I served the summons on (name of individual) Mike Dugar, 600, who is	
	designated by law to accept service of process on behalf of (name of organization) Medical Boards on (date) 3/26/2021; or	
	Medical Boards on (date) 3/26/2021; or	
	☐ I returned the summons unexecuted because ; or	
	Other (specify):	
	My fees are \$ 21.26 for travel and \$ 65.00 for services, for a total of \$ $0.0086.28$.	
	I declare under penalty of perjury that this information is true.	
Date:	3/26/2021 Surver's signature	
	5.R. Rosenbasa Du SM Printed name and title	
	501 W. 10th, Fort Worth, TX Server's address	

Additional information regarding attempted service, etc: